

109TH CONGRESS
2D SESSION

H. R. 5009

To reauthorize the HIV Health Care Services Program under title XXVI
of the Public Health Service Act.

IN THE HOUSE OF REPRESENTATIVES

MARCH 16, 2006

Mr. WELDON of Florida (for himself and Mr. SOUDER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To reauthorize the HIV Health Care Services Program under
title XXVI of the Public Health Service Act.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Ryan White CARE
5 Act Amendments of 2006”.

6 **SEC. 2. REAUTHORIZATION OF APPROPRIATIONS.**

7 Title XXVI of the Public Health Service Act (42
8 U.S.C. 300ff–11 et seq.) is amended—

1 (1) in section 2677—

2 (A) in subsection (a), by striking “2001
3 through 2005” and inserting “2006 through
4 2010”; and

5 (B) in subsection (b), by striking “2001
6 through 2005” and inserting “2006 through
7 2010”;

8 (2) in section 2625(c)(2)(A), by striking “2001
9 through 2005” and inserting “2006 through 2010”;

10 (3) in section 2631(d), by striking “2005” and
11 inserting “2010”;

12 (4) in section 2655, by striking “2001 through
13 2005” and inserting “2006 through 2010”;

14 (5) in section 2671(l), as redesignated by sec-
15 tion 4(d)(1) of this Act, by striking “for each of”
16 and all that follows through the period and inserting
17 “for each of the fiscal years 2006 through 2010.”;
18 and

19 (6) in section 2692(c)—

20 (A) in paragraph (1), by striking “2001
21 through 2005” and inserting “2006 through
22 2010”; and

23 (B) in paragraph (2)—

- 1 (i) in subparagraph (A), by striking
2 “2001 through 2005” and inserting “2006
3 through 2010”; and
4 (ii) in subparagraph (B), by striking
5 “2001 through 2005” and inserting “2006
6 through 2010”.

7 **SEC. 3. DEFINITIONS.**

8 Section 2676 of the Public Health Service Act (42
9 U.S.C. 300ff–76) is amended—

10 (1) by redesignating paragraphs (11) and (12),
11 as paragraphs (12) and (15), respectively;

12 (2) by inserting after paragraph (10) the fol-
13 lowing:

14 “(11) PARTNER NOTIFICATION.—The term
15 ‘partner notification’ means the process by which—

16 “(A) an HIV-positive individual provides
17 the names of such individual’s sex and needle-
18 sharing partners to health care providers or
19 other health workers, who then confidentially
20 notify the partners directly of the partners’ ex-
21 posure to HIV; and

22 “(B) current and past partners of an HIV-
23 positive individual (index person) are confiden-
24 tially notified of the partners’ exposure to HIV,
25 counseled about the partners’ exposure, and of-

1 ferred services, including testing, referrals for
2 treatment, and notification of the partners' sex
3 and needle-sharing partners.”; and

4 (3) by inserting after paragraph (12) (as reded-
5 ignated by paragraph (1)) the following:

6 “(13) PRIMARY MEDICAL CARE.—The term
7 ‘primary medical care’ means medical care that con-
8 sists of medication, prescription drugs, diagnostic
9 tests, visits with physicians and medically
10 credentialed health care providers, treatment for oral
11 health, treatment for psychiatric conditions, and
12 treatment for other health care conditions directly
13 related to HIV/AIDS infection, as well as the cost
14 of health insurance premiums, co-payments, and
15 deductibles. Such term does not include case man-
16 agement for non-medical services or short-term tran-
17 sitional housing.

18 “(14) ROUTINE TESTING.—The term ‘routine
19 testing’ means HIV testing—

20 “(A) that is administered automatically to
21 those accessing health care services for any rea-
22 son; and

23 “(B) in which—

24 “(i) pre-test counseling is not required
25 but the subject is notified that the subject

1 will receive an HIV test and the subject
2 may opt out of such testing; and
3 “(ii) for those individuals with a posi-
4 tive test result, post-test counseling, in-
5 cluding referrals to care, is provided and
6 confidentiality is protected.”.

7 **SEC. 4. FUNDING FOR PRIMARY MEDICAL CARE.**

8 (a) PART A.—Section 2604 of the Public Health
9 Service Act (42 U.S.C. 300ff–14) is amended by adding
10 at the end the following:

11 “(h) REQUIRED FUNDING FOR PRIMARY MEDICAL
12 CARE.—Notwithstanding any other provision of law, a
13 grantee under this part shall expend not less than 75 per-
14 cent of the funds received under the grant on primary
15 medical care.”.

16 (b) PART B.—Section 2612 of the Public Health
17 Service Act (42 U.S.C. 300ff–22) is amended by adding
18 at the end the following:

19 “(e) REQUIRED FUNDING FOR PRIMARY MEDICAL
20 CARE.—Notwithstanding any other provision of law, a
21 grantee under this part shall expend not less than 75 per-
22 cent of the funds received under the grant on primary
23 medical care.”.

1 (c) PART C.—Subpart II of part C of title XXVI of
 2 the Public Health Service Act (42 U.S.C. 300ff–61 et
 3 seq.) is amended by adding at the end the following:

4 **“SEC. 2668. REQUIRED FUNDING FOR PRIMARY MEDICAL**
 5 **CARE.**

6 “Notwithstanding any other provision of law, a grant-
 7 ee under this part shall expend not less than 75 percent
 8 of the funds received under the grant on primary medical
 9 care. Grant funds expended for the services described in
 10 subparagraphs (B) through (E) of section 2651(b)(2)
 11 shall count as expenditures on primary medical care.”.

12 (d) GRANTS FOR COORDINATED SERVICES AND AC-
 13 CESS TO RESEARCH FOR WOMEN, INFANTS, CHILDREN,
 14 AND YOUTH.—Section 2671 of the Public Health Service
 15 Act (42 U.S.C. 300ff–71) is amended—

16 (1) by redesignating subsection (k) as sub-
 17 section (l); and

18 (2) by inserting after subsection (j) the fol-
 19 lowing:

20 **“(k) REQUIRED FUNDING FOR PRIMARY MEDICAL**
 21 **CARE.**—Notwithstanding any other provision of law, a
 22 grantee under this section shall expend not less than 75
 23 percent of the funds received under the grant on primary
 24 medical care.”.

1 **SEC. 5. SUPPLEMENTAL TREATMENT DRUG GRANTS SAFE-**
2 **TY NET.**

3 (a) IN GENERAL.—Section 2618(a)(2)(I)(ii) of the
4 Public Health Service Act (42 U.S.C. 300ff–
5 28(a)(2)(I)(ii)) is amended by striking subclauses (V) and
6 (VI) and inserting the following:

7 “(V) FUNDING.—

8 “(aa) AUTHORIZATION OF
9 APPROPRIATIONS.—There is au-
10 thorized to be appropriated to
11 carry out this clause for a fiscal
12 year an amount that is not more
13 than 8 percent of the amount ap-
14 propriated to carry out section
15 2616 for such fiscal year.

16 “(bb) TRANSFER OF FUNDS
17 WHEN APPROPRIATIONS ARE IN-
18 SUFFICIENT.—

19 “(AA) IN GENERAL.—
20 For any fiscal year for
21 which the amount appro-
22 priated to carry out this
23 clause and the amount redis-
24 tributed to carry out this
25 clause pursuant to section
26 2679 total less than 5 per-

cent of the amount appropriated to carry out section 2616 for such fiscal year, the Secretary shall transfer from funds appropriated to carry out this part (except this section) and parts A, C, D, E, and F, for the fiscal year and in accordance with subitem (BB), such amounts as are necessary to make the lesser of \$35,000,000 or 5 percent of the amount appropriated to carry out section 2616 for such fiscal year, available to carry out this clause for such fiscal year.

“(BB) FORMULA FOR THE TRANSFER OF FUNDS.—In carrying out subitem (AA) for a fiscal year, the Secretary shall transfer from each part under this title an amount,

1 from the amount of funds
2 appropriated for such part
3 for the fiscal year, that
4 bears the same relation to
5 the total amount required to
6 be transferred under
7 subitem (AA) for the fiscal
8 year, as the amount of funds
9 appropriated to carry out
10 such part for the fiscal year
11 bears to the total amount of
12 funds appropriated to carry
13 out this title for such fiscal
14 year.

15 “(CC) ADDITIONAL
16 AMOUNTS FROM HRSA.—In
17 addition to transferring
18 funds under subitem (AA),
19 the Secretary may transfer,
20 for any fiscal year for which
21 the amount appropriated to
22 carry out this clause is less
23 than \$35,000,000, not more
24 than \$5,000,000 from ad-
25 ministrative funds of the

1 Health Resources and Serv-
 2 ices Administration of the
 3 Department of Health and
 4 Human Services to carry out
 5 this clause.”.

6 (b) RETURN OF UNOBLIGATED FUNDS.—

7 (1) IN GENERAL.—Part D of title XXVI of the
 8 Public Health Service Act (42 U.S.C. 300ff–71 et
 9 seq.) is amended by adding at the end the following:

10 **“SEC. 2679. UNOBLIGATED FUNDS USED FOR SUPPLE-**
 11 **MENTAL TREATMENT DRUG GRANTS.**

12 “Notwithstanding any other provision of this title,
 13 any funds received under this title during a fiscal year
 14 that remain unobligated at the end of the second fiscal
 15 year succeeding the fiscal year during which the funds
 16 were received shall be returned to the Administrator of
 17 the Health Resources and Services Administration who
 18 shall redistribute such funds to carry out section
 19 2618(a)(2)(C)(ii).”.

20 (2) CONFORMING AMENDMENTS.—Section 2618
 21 of the Public Health Service Act (42 U.S.C. 300ff–
 22 28) is amended—

23 (A) in subsection (a)(2)(I)(ii)(I) by strik-
 24 ing “subclause (V)” and inserting “subclause
 25 (V) and section 2679”; and

1 (B) by striking subsection (d).

2 **SEC. 6. ENSURING EQUITABLE PER CASE FUNDING.**

3 (a) DISTRIBUTION OF FUNDS.—Section 2618(a) of
4 the Public Health Service Act (42 U.S.C. 300ff–28(a)) is
5 amended—

6 (1) in paragraph (1)(A)—

7 (A) in clause (i)—

8 (i) in subclause (I), by striking “cases
9 of acquired immune deficiency syndrome,
10 as determined under paragraph (2)(D)”
11 and inserting “cases of HIV disease (re-
12 ported to and confirmed as accurate by the
13 Director of the Centers for Disease Control
14 and Prevention)”; and

15 (ii) in subclause (II)—

16 (I) by striking “cases of acquired
17 immune deficiency syndrome, as de-
18 termined under paragraph (2)(D)”
19 and inserting “cases of HIV disease
20 (reported to and confirmed as accu-
21 rate by the Director of the Centers for
22 Disease Control and Prevention)”;
23 and

24 (II) by inserting “and” after the
25 semicolon; and

1 (B) in clause (ii), by striking “paragraph
2 (2)(H)” and inserting “paragraph (2)(B)”; and
3 (2) in paragraph (2)—

4 (A) by striking subparagraphs (A) through
5 (G) and inserting the following:

6 “(A) FORMULA.—

7 “(i) IN GENERAL.—The amount re-
8 ferred to in paragraph (1)(A)(ii) for a
9 State and paragraph (1)(B) for a territory
10 of the United States shall be determined—

11 “(I) for fiscal year 2007, accord-
12 ing to the formula under this para-
13 graph as in effect on the day before
14 the date of enactment of the Ryan
15 White CARE Act Amendments of
16 2006; and

17 “(II) for fiscal year 2008 and
18 each succeeding fiscal year, according
19 to the formula described in clause (ii).

20 “(ii) AMOUNT BASED ON CASES NOT
21 COUNTED UNDER PART A.—A State or ter-
22 ritory of the United States shall receive an
23 amount under this part for a fiscal year
24 that bears the same relation to the amount
25 appropriated under section 2677(b) for

1 grants under this part for the fiscal year
2 as the number of cases determined under
3 clause (iii) for the State or territory for
4 such fiscal year bears to the total number
5 of cases determined under clause (iii) for
6 all States and territories for such fiscal
7 year.

8 “(iii) NUMBER OF CASES.—

9 “(I) REPORTING SYSTEM IN EF-
10 FECT PRIOR TO OCTOBER 2000.—In
11 the case of a State or territory that
12 has enacted an HIV reporting system
13 that has been confirmed as accurate
14 and reliable by the Director of the
15 Centers for Disease Control and Pre-
16 vention prior to October 1, 2000, the
17 number of cases under this clause for
18 such State or territory for a fiscal
19 year shall be equal to the total num-
20 ber of reported cases of HIV disease
21 (reported to and confirmed as accu-
22 rate by the Director of the Centers for
23 Disease Control and Prevention) liv-
24 ing in the State or territory during
25 such year, minus the number of re-

1 ported cases of HIV disease (reported
2 to and confirmed as accurate by the
3 Director of the Centers for Disease
4 Control and Prevention) living in such
5 State or territory that are within an
6 eligible area (as determined under
7 part A).

8 “(II) REPORTING SYSTEM IN EF-
9 FECT PRIOR TO OCTOBER 2006 BUT
10 AFTER OCTOBER 2000.—In the case of
11 a State or territory that has enacted
12 an HIV reporting system that has
13 been confirmed as accurate and reli-
14 able by the Director of the Centers for
15 Disease Control and Prevention prior
16 to October 1, 2006, but on or after
17 October 1, 2000, the number of cases
18 under this clause for such State or
19 territory for a fiscal year shall be
20 equal to the total number of cases of
21 HIV disease (estimated by the Direc-
22 tor of the Centers for Disease Control
23 and Prevention) living in the State or
24 territory during such year, minus the
25 number of cases of HIV disease (esti-

1 mated by the Director of the Centers
2 for Disease Control and Prevention)
3 living in such State or territory that
4 are within an eligible area (as deter-
5 mined under part A).

6 “(III) REPORTING SYSTEM NOT
7 IN EFFECT BY OCTOBER 2006.—In the
8 case of a State or territory that has
9 not enacted an HIV reporting system
10 that has been confirmed as accurate
11 and reliable by the Director of the
12 Centers for Disease Control and Pre-
13 vention prior to October 1, 2006, the
14 number of cases under this clause for
15 such State or territory for a fiscal
16 year shall be equal to—

17 “(aa) until such time as
18 such State or territory has en-
19 acted an HIV reporting system
20 that has been confirmed as accu-
21 rate and reliable by the Director
22 of the Centers for Disease Con-
23 trol and Prevention, the total
24 number of reported cases of ac-
25 quired immune deficiency syn-

1 drome (reported to and con-
2 firmed as accurate by the Direc-
3 tor of the Centers for Disease
4 Control and Prevention) living in
5 the State or territory during such
6 year, minus the number of re-
7 ported cases of acquired immune
8 deficiency syndrome (reported to
9 and confirmed as accurate by the
10 Director of the Centers for Dis-
11 ease Control and Prevention) liv-
12 ing in such State or territory
13 that are within an eligible area
14 (as determined under part A);
15 and

16 “(bb) once such State or
17 territory has enacted an HIV re-
18 porting system that has been
19 confirmed as accurate and reli-
20 able by the Director of the Cen-
21 ters for Disease Control and Pre-
22 vention, the total number of
23 cases of HIV disease (estimated
24 by the Director of the Centers
25 for Disease Control and Preven-

1 tion) living in the State or terri-
 2 tory during such year, minus the
 3 number of cases of HIV disease
 4 (estimated by the Director of the
 5 Centers for Disease Control and
 6 Prevention) living in such State
 7 or territory that are within an el-
 8 igible area (as determined under
 9 part A).”;

10 (B) by redesignating subparagraphs (H)
 11 and (I) as subparagraphs (B) and (C), respec-
 12 tively;

13 (C) in subparagraph (B) (as redesignated
 14 by subparagraph (B))—

15 (i) by striking “subparagraph (I)(i)”
 16 each place the term appears and inserting
 17 “subparagraph (C)(i)”; and

18 (ii) by adding at the end the fol-
 19 lowing:

20 “(iii) EFFECTIVE DATE.—This sub-
 21 paragraph shall be effective through Sep-
 22 tember 30, 2008.”; and

23 (D) in subparagraph (C)(i) (as redesi-
 24 gnated by subparagraph (B)), by striking sub-
 25 clauses (I) and (II) and inserting the following:

1 “(I) 100 percent of such amount;
2 and
3 “(II) the percentage constituted
4 by the ratio of the total number of re-
5 ported cases of HIV disease (reported
6 to an confirmed as accurate by the
7 Director of the Centers for Disease
8 Control and Prevention) living in the
9 State to the total number of reported
10 cases of HIV disease (reported to an
11 confirmed as accurate by the Director
12 of the Centers for Disease Control
13 and Prevention) living in all States.”.

14 (b) CONFORMING AMENDMENTS.—Section 2631(c)
15 of the Public Health Service Act (42 U.S.C. 300ff–38(c))
16 is amended by striking “for use for purposes of section
17 2618(a)(2)(D)(i)” and inserting “as reported to and con-
18 firmed as accurate and reliable by the Director of the Cen-
19 ters for Disease Control and Prevention”.

20 (c) STRIKING OF SUPPLEMENTAL GRANTS IN
21 EMERGING COMMUNITIES.—Title XXVI of the Public
22 Health Service Act (42 U.S.C. 300ff–11 et seq.) is amend-
23 ed by striking section 2620.

1 **SEC. 7. ENSURING FUNDING CORRESPONDS WITH EPIDE-**
 2 **MIOLOGICAL TRENDS.**

3 (a) ESTABLISHMENT OF PROGRAMS OF GRANTS.—

4 (1) IN GENERAL.—Section 2601 of the Public
 5 Health Service Act (42 U.S.C. 300ff–11) is amend-
 6 ed—

7 (A) in subsection (a), by striking “for
 8 which there” and all that follows through the
 9 period and inserting “for which there is a cu-
 10 mulative total of more than 2,500 living cases
 11 of HIV disease (reported to and confirmed as
 12 accurate by the Director of the Centers for Dis-
 13 ease Control and Prevention). The Secretary
 14 shall make grants in accordance with section
 15 2603 to not more than 60 metropolitan areas
 16 that are eligible for such grants pursuant to
 17 this subsection.”;

18 (B) in subsection (b), by striking “cases of
 19 acquired immune deficiency syndrome” and in-
 20 serting “living cases of HIV disease”;

21 (C) by striking subsection (c) and inserting
 22 the following:

23 “(c) REQUIREMENTS REGARDING POPULATION.—

24 “(1) NUMBER OF INDIVIDUALS.—The Secretary
 25 may not make a grant under this section for a met-

1 ropolitan area unless the area has a population of
2 500,000 or more individuals.

3 “(2) GEOGRAPHIC BOUNDARIES.—For purposes
4 of eligibility under this part, the boundaries of each
5 metropolitan area are the boundaries that cor-
6 respond with the Office of Management and Budget
7 definition of metropolitan statistical area for the
8 year that is most recent to the year for which the
9 determination is made.”; and

10 (D) by striking subsection (d) and insert-
11 ing the following:

12 “(d) CONTINUED STATUS AS ELIGIBLE AREA.—

13 “(1) METROPOLITAN AREAS THAT WERE ELIGI-
14 BLE AREAS FOR FISCAL YEAR 1996.—Notwith-
15 standing any other provision of this section, a metro-
16 politan area that was an eligible area under this part
17 for fiscal year 1996 shall be an eligible area under
18 this part until such metropolitan area does not meet
19 the qualifications of an eligible area as described in
20 this section for 2 consecutive years.

21 “(2) METROPOLITAN AREAS TO REMAIN ELIGI-
22 BLE AREAS UNTIL 2 CONSECUTIVE YEARS OF NOT
23 QUALIFYING AS AN ELIGIBLE AREA.—Notwith-
24 standing any other provision of this section except as
25 provided in paragraph (1), a metropolitan area shall

1 be deemed an eligible area under this section until
2 such time as such metropolitan area does not meet
3 the qualifications of an eligible area as described in
4 this section for 2 consecutive years.”.

5 (2) EFFECTIVE DATE.—The amendments made
6 by paragraph (1) shall take effect on October 1,
7 2007.

8 (b) TYPE AND DISTRIBUTION OF GRANTS.—Section
9 2603(a)(4) of the Public Health Service Act (42 U.S.C.
10 300ff–13(a)) is amended—

11 (1) in subparagraph (A), by striking “For
12 each” and inserting “Except as provided in subpara-
13 graph (D), for each”; and

14 (2) by adding at the end the following:

15 “(D) PHASE-OUT OF INCREASES IN
16 GRANTS.—Notwithstanding any other provision
17 of this paragraph—

18 “(i) for fiscal year 2007, in the case
19 of an eligible area in a protection period
20 for such fiscal year, the Secretary shall in-
21 crease the amount of the grant made pur-
22 suant to paragraph (2) for the area to en-
23 sure that the grant is not less than 50 per-
24 cent of the amount of the grant made for
25 the eligible area pursuant to such para-

graph for the base year for the protection period;

“(ii) for fiscal year 2008, in the case of an eligible area in a protection period for such fiscal year, the Secretary shall increase the amount of the grant made pursuant to paragraph (2) for the area to ensure that the grant is not less than 25 percent of the amount of the grant made for the eligible area pursuant to such paragraph for the base year for the protection period; and

“(iii) for fiscal year 2009 and each succeeding fiscal year, in the case of an eligible area in a protection period for such fiscal year, the Secretary shall not increase the amount of the grant pursuant to this paragraph.”.

SEC. 8. PROHIBITION ON FUNDING FOR ENTITIES THAT PROHIBIT OR IMPOSE BARRIERS ON PARTNER NOTIFICATION.

Part D of title XXVI of the Public Health Service Act (42 U.S.C. 300ff–71 et seq.), as amended by section 5, is further amended by adding at the end the following:

1 **“SEC. 2679A. PROHIBITION ON FUNDING FOR ENTITIES**
 2 **THAT PROHIBIT OR IMPOSE BARRIERS ON**
 3 **PARTNER NOTIFICATION.**

4 “Beginning 25 months after the date of enactment
 5 of this section, a State or locality that prohibits or imposes
 6 significant administrative, statutory, regulatory, or prac-
 7 tical barriers to programs of partner notification shall not
 8 be eligible to receive funds under this title.”.

9 **SEC. 9. COVERAGE FOR TREATMENT FOR HEPATITIS B AND**
 10 **HEPATITIS C CO-INFECTION.**

11 (a) COVERAGE UNDER PARTS A AND B.—Section
 12 2604(b)(1) of the Public Health Service Act (42 U.S.C.
 13 300ff–14(b)(1)) is amended by adding at the end the fol-
 14 lowing:

15 “(E) Treatment for hepatitis B or hepa-
 16 titis C for HIV-positive individuals who are co-
 17 infected with such hepatitis.”.

18 (b) COVERAGE UNDER PART C.—Section 2651(b)(2)
 19 of the Public Health Service Act (42 U.S.C. 300ff–
 20 51(b)(2)) is amended—

21 (1) in subparagraph (E), by striking the period
 22 at the end and inserting “; and”; and

23 (2) by adding at the end the following:

24 “(F) providing treatment for hepatitis B
 25 or hepatitis C for HIV-positive individuals who
 26 are co-infected with such hepatitis.”.

1 (c) SPECIAL PROJECTS OF NATIONAL SIGNIFI-
2 CANCE.—Section 2691(d) of the Public Health Service Act
3 (42 U.S.C. 300ff–101(d)) is amended—

4 (1) in paragraph (5), by striking “and” after
5 the semicolon;

6 (2) in paragraph (6), by striking the period at
7 the end and inserting “; and”; and

8 (3) by adding at the end the following:

9 “(7) HIV-positive individuals who are co-in-
10 fected with hepatitis B or hepatitis C.”.

11 (d) HIV/AIDS COMMUNITIES, SCHOOLS, AND CEN-
12 TERS.—Section 2692(a)(1) of the Public Health Service
13 Act (42 U.S.C. 300ff–111(a)(1)) is amended—

14 (1) in subparagraph (C), by striking “and”
15 after the semicolon;

16 (2) in subparagraph (D), by striking the period
17 at the end and inserting “; and”; and

18 (3) by adding at the end the following:

19 “(E) to educate health care providers and
20 service providers regarding identification, treat-
21 ment, and treatment adherence and prevention
22 education for patients co-infected with HIV and
23 hepatitis B or hepatitis C.”.

1 **SEC. 10. PLANNING COUNCILS.**

2 Section 2602(b) of the Public Health Service Act (42
3 U.S.C. 300ff–12(b)) is amended—

4 (1) in paragraph (2)—

5 (A) in subparagraph (L), by striking
6 “and” after the semicolon;

7 (B) in subparagraph (M), by striking the
8 period at the end and inserting a semicolon;
9 and

10 (C) by adding at the end the following:

11 “(N) faith-based organizations; and

12 “(O) individuals who are co-infected with
13 HIV and hepatitis B or hepatitis C.”;

14 (2) in paragraph (5)—

15 (A) in subparagraph (B), by adding at the
16 end the following: “Any conflict of interest of
17 an individual on the planning council shall be
18 reported to the Administrator of the Health Re-
19 sources and Services Administration and shall
20 be available to the public.”; and

21 (B) in subparagraph (C)(i), by striking “,
22 are not officers” and all that follows through
23 “paragraph (4)(A).” and inserting “and reflect
24 the demographics of the population of individ-
25 uals with HIV disease as determined under
26 paragraph (4)(A), and not less than 51 percent

1 of the council shall be individuals who are not
2 officers, employees, or consultants to any entity
3 that receives amounts from such a grant and do
4 not represent any such entity.”; and

5 (3) by adding at the end the following:

6 “(8) FUNDING DECISIONS.—Any funding deci-
7 sion of the planning council shall require approval by
8 the chief elected official and chief executive officer of
9 the eligible area involved.”.

10 **SEC. 11. REDUCTION OF ADMINISTRATIVE COSTS.**

11 (a) PART A.—Section 2604(f)(2) of the Public
12 Health Service Act (42 U.S.C. 300ff–14(f)(2)) is amend-
13 ed—

14 (1) in subparagraph (A), by striking “and”
15 after the semicolon;

16 (2) in subparagraph (B), by striking the period
17 at the end and inserting “; and”; and

18 (3) by adding at the end the following:

19 “(C) costs associated with the activities of
20 the planning council and the planning for the
21 allocation of funds and services under this
22 part.”.

23 (b) PART B.—Section 2618(b) of the Public Health
24 Service Act (42 U.S.C. 300ff–28(b)) is amended—

1 (1) by inserting before paragraph (2) the fol-
 2 lowing:

3 “(1) [Reserved].”; and

4 (2) in paragraph (4)—

5 (A) in subparagraph (B), by inserting “,
 6 including costs associated with the planning for
 7 the allocation of funds and services under this
 8 part” before the period at the end; and

9 (B) in subparagraph (C)—

10 (i) in clause (ii), by striking “and”
 11 after the semicolon;

12 (ii) in clause (iii), by striking the pe-
 13 riod at the end and inserting “; and”; and

14 (iii) by adding at the end the fol-
 15 lowing:

16 “(iv) costs associated with the plan-
 17 ning for the allocation of funds and serv-
 18 ices under this part.”.

19 **SEC. 12. RAPID ROUTINE TESTING.**

20 (a) IN GENERAL.—Part D of title XXVI of the Pub-
 21 lic Health Service Act (42 U.S.C. 300ff–71 et seq.), as
 22 amended by sections 5 and 8, is further amended by add-
 23 ing at the end the following:

24 **“SEC. 2679B. RAPID ROUTINE TESTING.**

25 “(a) IN GENERAL.—

1 “(1) IN GENERAL.—Except as provided in para-
2 graph (2), the Secretary shall require rapid routine
3 testing of each client at any health facility, provider,
4 clinic, or entity (including an HIV, STD, or sub-
5 stance abuse clinic) receiving funding from the Cen-
6 ters for Disease Control and Prevention, the Sub-
7 stance Abuse and Mental Health Services Adminis-
8 tration, the Health Resources and Services Adminis-
9 tration, the Centers for Medicare & Medicaid Serv-
10 ices, or any reproductive health program adminis-
11 tered by the Secretary.

12 “(2) EXCEPTION.—Rapid routine testing shall
13 not be required in the case of an individual who has
14 already been diagnosed with HIV infection.

15 “(b) PREGNANT WOMEN AND NEWBORNS.—The Sec-
16 retary shall require—

17 “(1) a health facility receiving Federal funds or
18 a Federal health program (including a program sup-
19 ported under this title) that is treating a pregnant
20 woman to offer to such woman routine testing; and

21 “(2) a health facility receiving Federal funds or
22 a Federal health program (including a program sup-
23 ported under this title) that is treating a newborn to
24 offer to the parents of such newborn rapid routine

1 testing of such newborn if such newborn’s mother’s
2 HIV status is unknown.

3 “(c) COUNSELING AND TREATMENT.—An entity or
4 program that conducts routine testing pursuant to this
5 section shall provide to each individual tested pursuant to
6 this section who tests positive for HIV antibodies, appro-
7 priate counseling and referral into treatment in a timely
8 manner.

9 “(d) TESTING.—The Director of the Centers for Dis-
10 ease Control and Prevention shall annually purchase and
11 distribute not less than 1,500,000 rapid HIV tests, includ-
12 ing tests that are oral based.

13 “(e) STATE OR LOCAL PROHIBITIONS.—Beginning
14 25 months after the date of enactment of this section, a
15 State or locality that prohibits or imposes significant ad-
16 ministrative, statutory, regulatory, or practical barriers to
17 routine testing as described in this section shall not be
18 eligible to receive funds under this title.”.

19 (b) CDC GUIDELINES FOR PREGNANT WOMEN.—
20 Section 2625 of the Public Health Service Act (42 U.S.C.
21 300ff–33) is amended—

22 (1) in subsection (a), by striking “voluntary”
23 and inserting “routine”; and

1 (2) in subsection (c)(1)(C), by striking “vol-
 2 untary HIV testing for such disease” and inserting
 3 “routine testing”.

4 **SEC. 13. ADAP RECOMMENDED FORMULARY AND REPORT**
 5 **CARD.**

6 Section 2616 of the Public Health Service Act (42
 7 U.S.C. 300ff–26) is amended by adding at the end the
 8 following:

9 “(f) RECOMMENDATIONS FOR MINIMUM STANDARD
 10 FORMULARY AND ANNUAL REPORT.—

11 “(1) IN GENERAL.—In carrying out this sec-
 12 tion, the Secretary shall issue guidelines that provide
 13 recommendations for therapeutics described in sub-
 14 section (a) that shall, at a minimum, be included in
 15 the formularies that are maintained by the States
 16 for purposes of this section.

17 “(2) ANNUAL REPORTS.—Not later than May
 18 31 of each year, the Secretary shall submit to Con-
 19 gress a report that, with respect to the program
 20 under this section, specifies the following:

21 “(A) For each State:

22 “(i) The number of patients who have
 23 requested therapeutics described in sub-
 24 section (a) from the program as carried
 25 out in the State, but are on a waiting list

1 because such program does not have the
2 capacity to serve the patients.

3 “(ii) If patients on the waiting list are
4 receiving such therapeutics, the sources
5 from which the patients are obtaining the
6 therapeutics.

7 “(iii) The estimated cost to provide
8 the amount of therapeutics that would be
9 necessary to serve all patients on the wait-
10 ing list and thereby eliminate the wait in
11 the State.

12 “(iv) Each source of funds that, in
13 addition to funds appropriated to carry out
14 this part, is used by the State to provide
15 therapeutics under the program.

16 “(B) Each State whose formulary main-
17 tained for purposes of the program does not
18 meet the recommendations of the Secretary
19 under paragraph (1).

20 “(C) The actions being taken by States
21 with such waiting lists to reduce the number of
22 patients on the lists, including any restrictions
23 imposed by the States on the number or quan-
24 tity of therapeutics made available under the
25 program.

1 “(D) The amount of funds each State re-
 2 ceives under this title and how such funds have
 3 been allocated among each of the following cat-
 4 egories:

5 “(i) Therapeutics.

6 “(ii) Primary medical care, including
 7 medical evaluations and physician services.

8 “(iii) Support services, administrative
 9 costs, and other expenses not included in
 10 clause (i) or (ii).”.

11 **SEC. 14. STATE FLEXIBILITY IN PROVIDING HIV/AIDS CARE.**

12 (a) IN GENERAL.—Section 2612 of the Public Health
 13 Service Act (42 U.S.C. 300ff–22), as amended by section
 14 4, is further amended by adding at the end the following:

15 “(f) STATE FLEXIBILITY IN PROVIDING HIV/AIDS
 16 CARE.—Upon approval by the Secretary, a State may use
 17 amounts provided under a grant made under this part for
 18 providing medical assistance to individuals who are eligible
 19 for assistance under title XIX of the Social Security Act
 20 (42 U.S.C. 1396 et seq.) and are HIV-positive.”.

21 (b) SUPPLEMENT, NOT SUPPLANT.—Part D of title
 22 XXVI of the Public Health Service Act (42 U.S.C. 300ff–
 23 71 et seq.), as amended by sections 5, 8, and 12, is further
 24 amended by adding at the end the following:

1 **“SEC. 2679C. SUPPLEMENT, NOT SUPPLANT STATE MED-**
 2 **ICAID FUNDING.**

3 “Funds received by a State under this title shall be
 4 used to supplement, and not supplant, State funds that
 5 would otherwise be used for the State share of expendi-
 6 tures under a State plan under title XIX of the Social
 7 Security Act (42 U.S.C. 1396 et seq.) for providing med-
 8 ical assistance to individuals who are eligible for such as-
 9 sistance and are HIV-positive.”.

10 **SEC. 15. PRICES PAID FOR THERAPEUTICS FOR ADAP.**

11 (a) IN GENERAL.—Section 2616 of the Public Health
 12 Service Act (42 U.S.C. 300ff–26), as amended by section
 13 13, is further amended by adding at the end the following:

14 “(g) PRICES PAID FOR THERAPEUTICS.—The Ad-
 15 ministrator of the Health Resources and Services Admin-
 16 istration shall routinely analyze and report to Congress
 17 on the prices for therapeutics paid by programs estab-
 18 lished under this section.”.

19 (b) COORDINATION OF ALL THERAPEUTIC PUR-
 20 CHASES THROUGH ADAP.—Part D of title XXVI of the
 21 Public Health Service Act (42 U.S.C. 300ff–71 et seq.),
 22 as amended by sections 5, 8, 12, and 14, is further amend-
 23 ed by adding at the end the following:

1 **“SEC. 2679D. COORDINATION OF ALL THERAPEUTIC PUR-**
 2 **CHASES THROUGH ADAP.**

3 “In any purchases of therapeutics to treat HIV dis-
 4 ease pursuant to a program that receives Federal assist-
 5 ance under this title, an entity shall coordinate such pur-
 6 chases through the program described in section 2616 in
 7 order to ensure that the recipients of the therapeutics are
 8 receiving the best possible price for the therapeutics.”.

9 **SEC. 16. AUTHORIZATION OF APPROPRIATIONS FOR ADAP.**

10 Section 2616 of the Public Health Service Act (42
 11 U.S.C. 300ff–26), as amended by sections 13 and 15, is
 12 further amended by adding at the end the following:

13 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
 14 are authorized to be appropriated to carry out this sec-
 15 tion—

16 “(1) \$800,000,000 for fiscal year 2006;

17 “(2) \$870,000,000 for fiscal year 2007;

18 “(3) \$940,000,000 for fiscal year 2008;

19 “(4) \$1,010,000,000 for fiscal year 2009; and

20 “(5) \$1,080,000,000 for fiscal year 2010.”.

21 **SEC. 17. SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE.**

22 Section 2691 of the Public Health Service Act (42
 23 U.S.C. 300ff–101) is amended—

24 (1) in subsection (a), by striking “the greater
 25 of \$20,000,000 or 3 percent of such amount appro-
 26 priated under each such part, but not to exceed

1 \$25,000,000,” and inserting “not more than
2 \$15,000,000”; and

3 (2) by adding at the end the following:

4 “(h) PILOT PROGRAMS.—The Secretary, acting
5 through the Administrator of the Health Resources and
6 Services Administration, shall use funds available under
7 this section to conduct not less than 5 pilot programs to
8 evaluate various forms of partner notification programs,
9 including attitudes of source patients and those being noti-
10 fied towards such services and the cost effectiveness of
11 such programs.

12 “(i) STANDARD ELECTRONIC CLIENT INFORMATION
13 DATA SYSTEM.—The Secretary, acting through the Ad-
14 ministrator of the Health Resources and Services Admin-
15 istration, shall use funds available under this section to
16 develop a standard electronic client information data sys-
17 tem to improve coordination of coverage provided to pa-
18 tients under programs supported under this title, as well
19 as programs under the medicare program under title
20 XVIII of the Social Security Act (42 U.S.C. 1395 et seq.)
21 and the medicaid program under title XIX of such Act
22 (42 U.S.C. 1396 et seq.).

23 “(j) STUDY.—The Secretary, acting through the Ad-
24 ministrator of the Health Resources and Services Admin-
25 istration, shall use funds available under this section to

1 conduct a study to develop recommendations for best pri-
 2 mary medical care practices for disease management for
 3 those living with HIV disease or AIDS.”.

4 **SEC. 18. HOUSING OPPORTUNITIES FOR PERSONS WITH**
 5 **HIV/AIDS.**

6 (a) HOPWA FORMULA AMENDMENTS.—Section
 7 854(c) of the AIDS Housing Opportunity Act (42 U.S.C.
 8 12903(c)) is amended—

9 (1) in paragraph (1)—

10 (A) by striking “The Secretary” and in-
 11 serting “Except as provided in subsection (h),
 12 the Secretary”;

13 (B) by striking “cases of acquired im-
 14 munodeficiency syndrome” each place that
 15 terms appears and inserting “reported living
 16 cases of HIV disease (as reported to, and con-
 17 firmed as accurate, by the Director of the Cen-
 18 ters for Disease Control and Prevention)”;

19 (C) in subparagraph (B), by striking “ac-
 20 quired immunodeficiency syndrome” and insert-
 21 ing “reported living cases of HIV disease (as
 22 reported to, and confirmed as accurate, by the
 23 Director of the Centers for Disease Control and
 24 Prevention)”;

1 (D) in the undesignated matter following
2 subparagraph (B), in the second sentence, by
3 striking “reported to and confirmed by the Di-
4 rector of the Centers for Disease Control of the
5 Public Health Service”; and

6 (2) in paragraph (3), by striking “acquired im-
7 munodeficiency syndrome” each place that term ap-
8 pears and inserting “HIV disease”.

9 (b) TRANSITION FORMULA AND EXCEPTION TO THE
10 USE OF REPORTED HIV DATA.—Section 854 of the
11 AIDS Housing Opportunity Act (42 U.S.C. 12903) is
12 amended by adding at the end the following:

13 “(g) TRANSITION FORMULA.—In applying the for-
14 mula allocation under subsection (c)(1), the Secretary
15 shall—

16 “(1) for fiscal year 2007, allocate—

17 “(A) 75 percent of any amounts made
18 available for allocation, using the formula allo-
19 cation described in subsection (c), as in effect
20 on the day before the date of enactment of the
21 Ryan White CARE Act Amendments of 2006;
22 and

23 “(B) 25 percent of such amounts made
24 available for allocation, using the formula allo-
25 cation described in subsection (c), as amended

1 by the Ryan White CARE Act Amendments of
2 2006;

3 “(2) for fiscal year 2008, allocate—

4 “(A) 25 percent of any amounts made
5 available for allocation, using the formula allo-
6 cation described in subsection (c), as in effect
7 on the day before the date of enactment of the
8 Ryan White CARE Act Amendments of 2006;
9 and

10 “(B) 75 percent of such amounts made
11 available for allocation, using the formula allo-
12 cation described in subsection (c), as amended
13 by the Ryan White CARE Act Amendments of
14 2006; and

15 “(3) for fiscal year 2009, and each fiscal year
16 thereafter, allocate any amounts made available for
17 allocation using the formula allocation described in
18 subsection (c), as amended by the Ryan White
19 CARE Act Amendments of 2006.

20 “(h) EXCEPTION TO THE USE OF REPORTED HIV
21 DATA.—Any State or city—

22 “(1) that has enacted an HIV reporting system
23 that has been confirmed as accurate and reliable by
24 the Director of the Centers for Disease Control and
25 Prevention prior to October 1, 2000, shall for pur-

1 poses of allocating any amounts under subsection (c)
2 to that State or city, have such allocation deter-
3 mined by using the formula allocation described in
4 such subsection, as amended by the Ryan White
5 CARE Act Amendments of 2006;

6 “(2) that has enacted an HIV reporting system
7 that has been confirmed as accurate and reliable by
8 the Director of the Centers for Disease Control and
9 Prevention prior to October 1, 2006, but on or after
10 October 1, 2000, shall for purposes of allocating any
11 amounts under subsection (c) to that State or city,
12 have such allocation determined by using the for-
13 mula allocation based on the number of cases of
14 HIV disease (estimated by the Director of the Cen-
15 ters for Disease Control and Prevention) instead of
16 reported living cases of HIV disease (as reported to,
17 and confirmed as accurate, by the Director of the
18 Centers for Disease Control and Prevention); and

19 “(3) that does not have an HIV reporting sys-
20 tem that has been confirmed as accurate and reliable
21 by the Director of the Centers for Disease Control
22 and Prevention prior to October 1, 2006, shall for
23 purposes of allocating any amounts under subsection
24 (c) to that State or city—

1 “(A) until such time as such State or city
2 has enacted an HIV reporting system that has
3 been confirmed as accurate and reliable by the
4 Director of the Centers for Disease Control and
5 Prevention, have such allocation determined by
6 using the formula allocation described in such
7 subsection as in effect on the day before the
8 date of enactment of the Ryan White CARE
9 Act Amendments of 2006; and

10 “(B) once such State or city has enacted
11 an HIV reporting system that has been con-
12 firmed as accurate and reliable by the Director
13 of the Centers for Disease Control and Preven-
14 tion, have such allocation determined by using
15 the formula allocation based on the number of
16 cases of HIV disease (estimated by the Director
17 of the Centers for Disease Control and Preven-
18 tion) instead of reported living cases of HIV
19 disease (as reported to, and confirmed as accu-
20 rate, by the Director of the Centers for Disease
21 Control and Prevention).”.

22 (c) ALLOCATION REQUIREMENT.—Section 854 of the
23 AIDS Housing Opportunity Act (42 U.S.C. 12903) is
24 amended by adding at the end the following:

1 “(h) ALLOCATION REQUIREMENT.—The Secretary
2 shall ensure that not less than 75 percent of all amounts
3 allocated under this section are used for the provision,
4 construction, maintenance, or development of housing as-
5 sistance.”.

6 **SEC. 19. ENSURING STABILITY IN INFRASTRUCTURE.**

7 Section 2618(a)(2)(B)(i) of the Public Health Service
8 Act (42 U.S.C. 300ff–28(a)(2)(B)(i)), as redesignated by
9 section 6, is amended—

10 (1) by striking “2000” each place the term ap-
11 pears and inserting “2005”;

12 (2) in subclause (I), by striking “2001, 99 per-
13 cent” and inserting “2006, 95 percent”;

14 (3) in subclause (II), by striking “2002, 98 per-
15 cent” and inserting “2007, 90 percent”;

16 (4) in subclause (III), by striking “2003, 97
17 percent” and inserting “2008, 85 percent”;

18 (5) in subclause (IV), by striking “2004, 96
19 percent” and inserting “2009, 80 percent”; and

20 (6) in subclause (V), by striking “2005, 95 per-
21 cent” and inserting “2010, 75 percent”.

22 **SEC. 20. COORDINATION OF GRANTEES.**

23 Section 2675 of the Public Health Service Act (42
24 U.S.C. 300ff–75) is amended by adding at the end the
25 following:

1 “(f) COORDINATION OF GRANTEES REQUIREMENT.—

2 “(1) IN GENERAL.—The Secretary shall provide
3 State AIDS officials with the authority to request
4 and obtain all information necessary for States to
5 coordinate HIV care and treatment pursuant to this
6 title with other federally funded projects to maximize
7 efficiency and effectiveness of HIV/AIDS services.

8 “(2) COORDINATION OF SERVICES.—As a con-
9 dition of receipt of funds under this title, an entity
10 shall participate in a process established by the
11 State in which the entity is located to coordinate
12 HIV/AIDS services across the State.”.

13 **SEC. 21. TECHNICAL CORRECTIONS.**

14 Title XXVI of the Public Health Service Act (42
15 U.S.C. 300ff–11 et seq.) is amended—

16 (1) in section 2604—

17 (A) in subsection (b)(2)(A), by striking
18 “entities,,” and inserting “entities,”; and

19 (B) in subsection (f)—

20 (i) by striking the subsection heading
21 and inserting the following: “ADMINISTRA-
22 TION”; and

23 (ii) in paragraph (1), by striking “ad-
24 ministration,.” and inserting “administra-
25 tion.”;

- 1 (2) in section 2617(b)(6)(B)(iv), by inserting
2 “section” before “2615”;
3 (3) in section 2618(a)(3)(B), by striking
4 “means,” and inserting “means”;
5 (4) in section 2662(c)(3)(C)(ii), by striking
6 “HIV.” and inserting “HIV; and”; and
7 (5) in section 2692(b)(2), by striking “in sec-
8 tion the section” and inserting “in the section”.

○